

## HOLIDAY PROGRAMME: CONSENT FORM

## CHILD'S DETAILS

Name of Child:					
Address Of Child:					
				Postcode	
Date of Birth:				1 050000	
Contact Details: (in the case of emergency) (please list at least two contacts)	Name: Relationshi Address: Phone: Name: Relationshi Address: Phone:	-			
Dates & Days Attending:	T none.				
Deposit Paid: (Please Circle and enter Amount Paid)		YES	NO	Amount \$	
Family Doctor's Details	Name: Address: Phone:				
Is the Child a member of the Ambulance Fund:	Yes/No				
Please list all ailments, allergies, conditions or special dietary requirements which require the attention of the organiser.					
Does the child take any medication? If so, please provide particulars and dosage instructions.					

## AUTHORISATION AND ACKNOWLEDGMENTS

- I am aware of the nature of any hazards associated with this activity. I declare that my child is fit to undertake the activities. I understand that my child is expected to behave accordingly. I understand that the programme organiser will not be responsible for any injuries sustained or damage caused (whether to property or otherwise) by or arising out of the child's failure to behave appropriately.
- 2 I understand that personal items taken to the camp should be adequately covered by my own private insurance and that the organiser is not responsible for loss or damage to any such items.
- 3 I have specified above all ailments, allergies, conditions or dietary requirements which require the attention of the organiser. I have specified above any medication which the child currently takes.
- 4 I hereby authorise the organiser in charge of the programme from time to time to administer, any treatment or first aid necessary to the child (as is within the competence of the organiser) for any minor injuries or illnesses, including without limitation, the administration of Panadol and like medications.
- 5 I authorise the organiser in charge of the programme to consent where it is impracticable to communicate with me, to the child receiving such medical treatment or surgical treatment as may be deemed necessary by the organiser.
- 6 I authorise the use of my child's image for either advertising or availability for viewing on the website www.danburypark.com.au

Date

Full Name of Parent/Guardian

Signature of Parent/Guardian